

<b>Case Number:</b>	CM14-0001438		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on 06/14/1998. The mechanism of injury was the injured worker slipped while carrying a pot of boiling hot water and the hot water spilled onto the injured worker's right lower extremity. The injured worker sustained a burn injury and fell backwards onto the hard cement surface landing flat on her neck and back. The diagnosis was postsurgical states other. The injured worker underwent a C4-7 removal of anterior cervical hardware, anterior inspection of fusion mass, regrafting of the screw holes, and an extensive removal of scar tissue on 08/16/2013. The injured worker was treated with physical therapy, epidural steroid injections, and medications. The documentation of 11/26/2013 revealed the medication sumatriptan was prescribed for migrainous headaches that were associated with chronic cervical spine pain. It was indicated the headaches the injured worker suffered related to the ongoing cervical spine symptomatology and presented in a migrainous fashion. It was indicated they were present at all times of increased pain in the cervical spine and associated with nausea which was noted to be a clear presentation of migrainous symptoms. The documentation indicated that Terocin patches were being prescribed for mild to moderate acute or chronic aches or pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SUMAPTRIPTAN SUCCINATE TABLETS 25MG #9 X 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** The Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated the injured worker had migrainous type headaches. The duration for the medication could not be established through supplied documentation. The request as submitted failed to indicate the necessity for 2 refills. The request as submitted failed to indicate a frequency for the requested medication. Therefore the request for Samaritan Succinate tablets 25 mg #9 times 2 is not medically necessary.

**TEROCIN PATCH #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed anticonvulsants and antidepressants. There was a lack of documentation of a trial of first line therapy. The request as submitted failed to include a strength and frequency for the requested medication. The duration of use could not be established through the supplied documentation. Given the above, the request for Terocin Patch #10 is not medically necessary.